

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5.12.02
2	-	-	5.19.02
3	-	-	5.19.03
4	-	-	
5	-	-	
6	✓	✓	
7	○	○	
8	○	○	
9	○	✓	
10	✓	✓	
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25	-	-	
26	-	-	
27	-	-	
28	-	-	
29	✓	✓	
30	○	✗	
31	✓	✓	
32	-	-	
33	-	-	
34	-	-	
35	○	✓	
36	○	✓	
37	○	✓	
38	○	✓	
39	✓		
40	-	-	
41	-	-	
42	✓		
43	-	-	
44	-	-	
45	-	-	
46	-	-	
47	-	-	
48	✓		
49	-	-	
50	-	-	

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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